

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
10  
APPLICANT

554397

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL NO.	↓	5	↓		↓		TOTAL NO.	↓		↓		↓	
TOTAL DEP.	←	13	←		←		TOTAL DEP.	←		←		←	
TOTAL CLAIMS		18					TOTAL CLAIMS						

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